

NOTIFICATION TO DCSE OF NON-MAINTENANCE IV-E CASE

To: DCSE District Office _____ From: _____
Department of Social Services

Re: Name of IV-E Child _____ IV-E Case No. _____

Absent Father's Name _____ SSN _____

Absent Mother's Name _____ SSN _____

This is to notify you of the following change to the above-referenced case:

- ☐ The AFDC-FC (IV-E) maintenance payment has been discontinued; however, maintenance is being paid from other sources.

Effective date _____

The _____ Department of Social Services is the new payee.

- ☐ The AFDC-FC (IV-E) maintenance payment has been discontinued due to the child's return home for a trial visit.

Date child returned home _____

Name of parent(s) with whom the child is residing (if applicable)

- ☐ The AFDC-FC (IV-E) non-maintenance case has been closed.

Effective date _____

Worker's Name _____ Date _____

Telephone _____